B 6D (Official Form 6D) (12/07)

In re Diane S Lambrecht, **Debtor** Case No. 15-60343 (If k

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holdi property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (*See Instructions Above.*)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1008401550 SLS 8742 Lucent Blvd Highlands Ranch, CO 80129		c	July 2013 225000 VALUE $ 225,000.00				215,000.00	0.00
ACCOUNT NO. 0621509587 Nationstar Mortgage Springleaf Financial P.O. Box 650783 Dallas, TX 75265-0783		c	Oct 21,2014 65000 VALUE $ 65,000.00				55,000.00	0.00
ACCOUNT NO.			VALUE $					
____ continuation sheets attached			Subtotal ► (Total of this page)				$ 270,000.00	$
			Total ► (Use only on last page)				$ 270,000.00	$
							(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B 6E (Official Form 6E) (04/10)

In re Diane S Lambrecht ,
Debtor

Case No. 15-60343
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to $11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

* *Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

B 6E (Official Form 6E) (04/10) – Cont.

In re Diane S Lambrecht , **Case No.** 15-60343
Debtor (*if known*)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to $5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to $2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☑ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

** Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

____ continuation sheets attached

B 6E (Official Form 6E) (04/10) – Cont.

In re Diane S Lambrecht, **Debtor**

Case No. 15-60343 **(if known)**

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (*See instructions above.*)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.30-0193026 IRS Loop 323 Tyler, TX 75701			2008				55,000.00	55,000.00	
Account No.26-4478836 IRS Loop 323 Tyler, TX 75701			Dec 2012				8,000.00	8,000.00	
Account No.30-0193026 Texas comptroller P.O. Box 659443 San Antonio, TX 78265			2008				10,000.00	10,000.00	
Account No.26-4478836 Texas Comptroller P.O. Box 659443 San Antonio, TX 78265			June 2014				2,000.00	2,000.00	
Sheet no. ___ of ___ continuation sheets attached to Schedule of Creditors Holding Priority Claims			Subtotals➤ (Totals of this page)				$ 75,000.00	$ 75,000.00	
			Total➤ (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)				$ 75,000.00		
			Totals➤ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)					$	$

B 6F (Official Form 6F) (12/07)

In re Diane S Lambrecht, **Debtor**

Case No. 15-60343 **(if known)**

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER *(See instructions above.)*	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4157003724026 Verizon Southwest P.O.Box 920041 Dallas, TX 75392-0041		H	5-2015				1,181.38
ACCOUNT NO. 903747-8199342 AT& T p.o. Box5001 Carol Stream , FL 60197-5001		h	5-2015				171.60
ACCOUNT NO. Suddenlink 6151 Paluxy Tyler, TX 75703		J	Business Intenet and Acct# 8626-710366402 Acct#001-8626-084464403				816.18
ACCOUNT NO. United Heritage Cred Union P.O. Box 1648 Austin, TX 78767		J	Dec 2013				500.00
						Subtotal➤	$ 2,639.16
						Total➤ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	$ 2,639.16

_____continuation sheets attached

B 6G (Official Form 6G) (12/07)

In re Diane S Lambrecht, Case No. 15-60343
Debtor (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B 6H (Official Form 6H) (12/07)

In re Diane S Lambrecht ,
Debtor

Case No. 15-60343
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

LAMBRECHT AND ASSOCIATES

Fill in this information to identify your case:

Debtor 1: John J Lambrecht
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Eastern District of Texas

Case number (If known): 15-60003

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may Include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☐ Employed ☐ Not employed	☑ Employed ☐ Not employed
Occupation	Recruiter	Recruiter
Employer's name	Disability Returning to work LA	Lambrecht & Associates, LLC
Employer's address	1211 WSW Loop 323 Number Street Tyler TX 75701 City State ZIP Code	1211 WSW Loop 323 Number Street TylerTX 75701 City State ZIP Code
How long employed there?	16.5	16.5

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$	$
3. **Estimate and list monthly overtime pay.**	3.	+ $	+ $
4. **Calculate gross income.** Add line 2 + line 3.	4.	$	$

P.O. Box 1539 ▪ Whitehouse, TX 75791 ▪ OFF: 903-617-6112

Debtor 1 John J Lambrecht (First Name, Middle Name, Last Name) Case number (if known) 15-60003

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here →	4.	$ 730.00	$ 8,600.00
5. **List all payroll deductions:**			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$	$ 1,400.00
5b. **Mandatory contributions for retirement plans**	5b.	$	$
5c. **Voluntary contributions for retirement plans**	5c.	$	$
5d. **Required repayments of retirement fund loans**	5d.	$	$
5e. **Insurance**	5e.	$	$
5f. **Domestic support obligations**	5f.	$	$
5g. **Union dues**	5g.	$	$
5h. **Other deductions.** Specify: ______	5h.	+ $	+ $
6. **Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	$	$
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$	$ 7,200.00
8. **List all other income regularly received:**			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 850.00	$ 7,200.00
8b. **Interest and dividends**	8b.	$	$
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$	$
8d. **Unemployment compensation**	8d.	$ 730.00	$
8e. **Social Security**	8e.	$	$
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ______	8f.	$	$
8g. **Pension or retirement income**	8g.	$	$
8h. **Other monthly income.** Specify: ______	8h.	+ $	+ $
9. **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$ 1,580.00	$ 7,200.00
10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	$ +	$ = $ 8,780.00

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: ______ 11. + $______

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities and Related Data,* if it applies 12. $ 8,780.00
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
☐ No.
☑ Yes. Explain: Busines improving Busines ab0out to reopen afte MR Lambrechtmedical treatments

Fill in this information to identify your case:

Debtor 1: Diane S Lambrecht
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): ____________
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Southern District of Texas

Case number (If known): 15-60343

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: 06/12/2015 (MM / DD / YYYY)
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**
   - ☑ No. Go to line 2.
   - ☐ Yes. **Does Debtor 2 live in a separate household?**
     - ☐ No
     - ☐ Yes. Debtor 2 must file a separate Schedule J.

2. **Do you have dependents?**
   Do not list Debtor 1 and Debtor 2.
   Do not state the dependents' names.
   - ☑ No
   - ☐ Yes. Fill out this information for each dependent..........................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**
   - ☐ No
   - ☑ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 2,165.44
If not included in line 4:		
4a. Real estate taxes	4a.	$
4b. Property, homeowner's, or renter's insurance	4b.	$
4c. Home maintenance, repair, and upkeep expenses	4c.	$ 160.00
4d. Homeowner's association or condominium dues	4d.	$

Debtor 1 Diane S Lambrecht
First Name Middle Name Last Name

Case number (if known) 15-60343

			Your expenses
5.	**Additional mortgage payments for your residence**, such as home equity loans	5.	$
6.	**Utilities:**		
6a.	Electricity, heat, natural gas	6a.	$ 300.00
6b.	Water, sewer, garbage collection	6b.	$ 75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	$
6d.	Other. Specify: cable tv & internet	6d.	$ 200.00
7.	**Food and housekeeping supplies**	7.	$ 800.00
8.	**Childcare and children's education costs**	8.	$
9.	**Clothing, laundry, and dry cleaning**	9.	$ 50.00
10.	**Personal care products and services**	10.	$ 100.00
11.	**Medical and dental expenses**	11.	$ 200.00
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ 350.00
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ 0.00
14.	**Charitable contributions and religious donations**	14.	$ 100.00
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	$
15b.	Health insurance	15b.	$ 0.00
15c.	Vehicle insurance	15c.	$ 85.00
15d.	Other insurance. Specify:	15d.	$
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$
17.	**Installment or lease payments:**		
17a.	Car payments for Vehicle 1	17a.	$ 0.00
17b.	Car payments for Vehicle 2	17b.	$
17c.	Other. Specify:	17c.	$
17d.	Other. Specify:	17d.	$
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form B 6I).**	18.	$ 0.00
19.	**Other payments you make to support others who do not live with you.** Specify:	19.	$ 0.00
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I*: *Your Income*.**		
20a.	Mortgages on other property	20a.	$ 727.00
20b.	Real estate taxes	20b.	$ 100.00
20c.	Property, homeowner's, or renter's insurance	20c.	$ 75.00
20d.	Maintenance, repair, and upkeep expenses	20d.	$
20e.	Homeowner's association or condominium dues	20e.	$

Debtor 1 Diane S Lambrecht
First Name Middle Name Last Name

Case number (if known) 15-60343

21. **Other.** Specify: business	21.	+$ 1,325.00
22. **Your monthly expenses.** Add lines 4 through 21. The result is your monthly expenses.	22.	$ 6,812.44

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I.*	23a.	$ 8,780.00
23b. Copy your monthly expenses from line 22 above.	23b.	– $
23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c.	$ 1,967.56

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.
☑ Yes. Explain here: Yes business is beginging to grow again

LAMBRECHT AND ASSOCIATES

Diane S Lambrecht 15-60343

Office expenses

Rent	0
Telephone	275
Internet	75
Cell Phones	125
Office mgr	0
Supplies	100
Accountant	200
Advertising	250
Databases	300
Total	1325.00

P.O. Box 1539 ▪ Whitehouse, TX 75791 ● OFF: 903-617-6112

B 6 Summary (Official Form 6 - Summary) (12/14)

UNITED STATES BANKRUPTCY COURT

Eastern District of Texas

In re Diane S Lambrecht,
Debtor

Case No. 15-60343

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	$ 0.00
Student Loan Obligations (from Schedule F)	$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	$ 0.00
TOTAL	$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	$ 8,780.00
Average Expenses (from Schedule J, Line 22)	$ 6,712.44
Current Monthly Income (from Form 22A-1 Line 11; **OR**, Form 22B Line 14; **OR**, Form 22C-1 Line 14)	$ 1,967.56

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		$ 0.00
4. Total from Schedule F		$ 2,650.16
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		$ 2,650.16

B 6 Summary (Official Form 6 - Summary) (12/14)

UNITED STATES BANKRUPTCY COURT
Eastern District of Texas

In re Diane S Lambrecht, *Debtor*

Case No. 15-60343

Chapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	y	1	$ 290,000.00		
B - Personal Property	y	1	$ 144,310.00		
C - Property Claimed as Exempt	y	1			
D - Creditors Holding Secured Claims	y	1		$ 270,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	n	2		$ 75,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	y	4		$ 2,639.16	
G - Executory Contracts and Unexpired Leases	n	1			
H - Codebtors	n	1			
I - Current Income of Individual Debtor(s)	y	2			$
J - Current Expenditures of Individual Debtors(s)	y	3			$ 8,798.00
TOTAL			$ 434,310.00	$ 347,639.16	